

SECTION 1: Primary Household

Previous DeKalb County School System

Yes No Has any household member already been enrolled in a DeKalb County School?

Who has legal custody?:

Both Parents Father Mother Grandparent(s) Ward of Court
 *Legal Guardian (*Must provide school with copy of Legal Papers)

With whom does the child primarily live?:

Both Parents Father Only Mother Only Father & Stepmother Mother & Stepfather
 *Legal Guardian (*Must provide school with copy of Legal Papers)

Primary Household Information - Where student *normally* sleeps on a nightly basis

Physical Address _____
 (Street Number) (Street Name)

City: _____ State: _____ Zip: _____

Mailing Address (If different than physical address)

 City: _____ State: _____ Zip: _____

Mail should be addressed to (as listed below): Legal Guardian One Legal Guardian Two

Primary Phone: () _____ - _____

(Note: the *primary* phone number will be utilized for communications.)

Primary Household Parent / Legal Guardian 1:

 (Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc.)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) _____

E-Mail Address: _____

Cell Phone # () _____ - _____ Work phone # () _____ - _____

Emergency Call Sequence _____ Portal

Primary Home Language _____ Dialect _____

First Language Spoken _____ Correspondence Language _____

Translation Services Needed Active Duty in US Armed Forces (including National Guard & Reserve Forces)

Primary Household Parent / Legal Guardian 2:

(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) _____

E-Mail Address: _____

Cell Phone # () _____ - _____ Work phone # () _____ - _____

Emergency Call Sequence _____ Portal

Primary Home Language _____ Dialect _____

First Language Spoken _____ Correspondence Language _____

Translation Services Needed Active Duty in US Armed Forces (including National Guard & Reserve Forces)

SECTION 2: Secondary Household

Secondary Household Information - Where student sleeps on a part time basis.

(Leave blank if this does not apply to your family situation)

Should this address receive written correspondence? Yes No

Physical Address _____
(Street Number) (Street Name)

City: _____ State: _____ Zip: _____

Mailing Address (If different than physical address)

City: _____ State: _____ Zip: _____

Secondary Household Parent / Legal Guardian 2:

(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) _____

E-Mail Address: _____

Cell Phone # () _____ - _____ Work phone # () _____ - _____

Emergency Call Sequence _____ Portal

Primary Home Language _____ Dialect _____

First Language Spoken _____ Correspondence Language _____

Translation Services Needed Active Duty in US Armed Forces (including National Guard & Reserve Forces)

SECTION 3: Emergency Contacts

Emergency Contacts – The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Legal Guardian cannot be reached.

Emergency Contact 1: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

Emergency Contact 2: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

Emergency Contact 3: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

SECTION 4: Additional Household Members (include all students and additional adults)

Additional Household Members & Siblings - Please list the names of all additional household members and siblings.

Last Name	First Name	Age	Relation to Student	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian not listed on birth certificate, court documentation must be provided.

SECTION 5: Signature

Name of Parent/Legal Guardian completing Form (print): _____

Signature _____ Date: _____